

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. **09/869712** FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1	1						51		
2	1						52		
3	1						53		
4	3						54		
5	1						55		
6	1						56		
7	①						57		
8	1						58		
9	①						59		
10	①						60		
11	①						61		
12	①						62		
13	①						63		
14	①						64		
15	1						65		
16	1						66		
17	①						67		
18							68		
19							69		
20							70		
21							71		
22							72		
23							73		
24							74		
25							75		
26							76		
27							77		
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36							86		
37							87		
38							88		
39							89		
40							90		
41							91		
42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.	3						TOTAL IND.		
TOTAL DEP.	16						TOTAL DEP.		
TOTAL CLAIMS	19						TOTAL CLAIMS		

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS